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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.																
U.S. Parent Application or PCT Parent Number								Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)			
09/908,877 09/832,739						07/18/2001 04/11/2001										
Additional U	.S. or PC1	International applic	ation nu	mbers are	e listed c	on a supplem	ental p	iority dat	la shee	et PTO/SB	02B attac	hed here	eto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosect and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name							ute this application and to transact all business					ness in th	in the Patent Place Customer Number Bar Code Label here			
	Nam	e			Regist		Name						Registration Number			
Joseph C. Sullivan Ronald R. Santucci Ronald E. Brown				18,720 28,988 32,200				Gerald Levy John F. Gulbin					24,419 33,180			
Additional re	gistered pr	ractitioner(s) named	on suppl	lemental l	Register	ed Practition	er infor	mation st	heet P	TO/SB/020	Cattached	i hereto.				
Direct all corres	Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below															
Name ·	Ronald	nald R. Santucci														
Address	Pitney	, Hardin, Kipp	& Szu	ich, LL	P		_,							±		
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City	New Y	/ork					s	tate	NY		ZIP	1001	7			
Country	U.S.A.	Telephone 212				212-0	687-6	000			Fax	212-	682-3485			
further that these	statement	itements made here s were made with the willful false statemen	e knowle	edge that	willful fa	lse statemer	its and	the like s	o mad	e are puni:	shable by	and belie fine or ir	ef are believed to mprisonment, or t	o be true; and both, under 18		
Name of Sole or First Inventor:							A petition has been filed for this unsigned inventor									
Giv	en Nami	e (first and middle	[if any])			Family Name or Surname									
Dana .							Eagles									
Inventor's Signature Dava Eagle													Date	8/27/01		
Residence: City Sherborn					State MA			ountry	USA				Citizenship	US		
Post Office Add	Address 223 South Main															
Post Office Ad	dress	Sherborn, Ma	ssachu	usetts 0	1770,	USA										
City State						ZIP					Cou	ntry				
Additional in	ventors a	are being named	on the	2	Sui	oplemental	Additio	onal Inve	entor((s) sheet(s) PTO/9	SB/02A	attached heret	0		

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Please type a plus sign (+) Inside this box -PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **Attorney Docket Number** 2126-166 DECLARATION FOR UTILITY OR **First Named Inventor** Dana Eagles DESIGN PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) Application Number 09/921,617 Filing Date 08/03/2001 Declaration X Declaration Group Art Unit OR Submitted Submitted after Initial with Initial Filing (surcharge (37 CFR 1.16 (e)) **Examiner Name** Filing required) As a below named inventor, I hereby declare My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "End Portions for a Flexible Fluid Containment Vessel and a Method of Making the Same"" the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Certified Copy Attached? Foreign Filing Date Priority Number(s) Country (MWDD/YYYY) Not Claimed YES $\bar{\Box}$ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 4]

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing Date (MM/DD/YYYY)

Application Number(s)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 4 4

Name of Addition	nal Joint Inventor, if any:			A petition has been filed for this unsigned inventor									
Given Na	Given Name (first and middle [if any])					Family Name or Sumame							
Roland E.			Jordan										
Inventor's Signature	Roland	, 0	Jor	den		Date	Date 8/27/						
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Post Office Address	North Attleboro, Massachusetts 02760 USA												
City		State		ZIP		Country	,						
Name of Addition	nal Joint Inventor, if any:		[A petition has been filed for this unsigned inventor									
Given Na	me (first and middle [if any])		· 	Family Name or Sumame									
Jonathan S.			Barish .										
Inventor's Signature	Souther,		Som	K		Da	Date 8/27/01						
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Post Office Address	489 Turnpike Str	eet	·		·								
Post Office Address	South Easton, Mas	ssach	usetts	02375	, USA								
City		State		ZIP		Coun	ıtry						
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									ventor				
Given Na	me (first and middle [if any])		Family Name or Surname										
John J.		F	Farrell										
Inventor's Signature	1118	لىسد	el			Da	te	8/27/01					
Residence: City	Norwood	State	MA	Country	Country USA			Citizenship US					
Post Office Address	741 Pleasant Street												
Post Office Address	Norwood, Massachusetts 02062, USA												
City		State		ZIP		c	Country						

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 26f 4

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Name of Addition	al Joint Inventor, if any	y:		A petition has been filed for this unsigned inventor							
Given Na])		Family Name or Sumame								
Glenn		Kornett									
Inventor's Signature	Glend. K	luno	utt					Aug 23 / 200/ Date			
Residence: City	Bonneau	State	2		/SA Country			U 5 A Citizens			
Post Office Address	·										
Post Office Address	P.O. Box 564, Bonneau, S.C. 29431 (mg;lig) 123 Porcher Or. Bonneau, S.C. 29431 (home address)										
City		State			ZIP	ř	Country				
Name of Addition	al Joint Inventor, if any	y:		A petition has been filed for this unsigned inventor							
Given Na	me (first and middle [if any]	<u>)</u>		Family Name or Surname							
Stoney			Thornley								
Inventor's Signature	C. Hones	y J	Ro	mlu				Aug 28, 2		2001	
Residence: City	CHARLESTON	≤. ⊂ State		Ŭ	DA country			Citizer			
Post Office Address											
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City	CHARLESTON	State			ZIP	29412	Count	ry	us	A	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								entor			
Given Na)	Family Name or Surname									
Inventor's Signature								Da	ate		
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